

**MANUAL TRANSMITTAL**  
**Arkansas Department of Human Services**  
**Division of County Operations**

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Policy

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Form

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Policy  
Directive

**Issuance Number** FSC 02-08

Food Stamp Certification **Manual**

**Issuance Date** 06/01/02

**FROM:** Joni Jones, Director

**Expiration Date** Until  
Superseded

**SUBJ:** Complaint Report (DCO-110)

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**Forms to be Deleted** **Dated**

None

**Forms to be Added** **Dated**

DCO-110

06/01/02

**Summary**

The DCO-110, Complaint Report, has been developed for the client's use in filing civil rights and non-civil rights complaints. The DCO-10 will continue to be used.

Inquiries to Kissia Nathaniel, Food Stamp Section (501) 682-8286

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF COUNTY OPERATIONS  
COMPLAINT REPORT**

Name	Social Security Number	Date of Birth
Mailing Address	City State Zip Code	Phone Number

1. Please list the DHS County Office for which you are filing a complaint \_\_\_\_\_.
2. Date of incident \_\_\_\_\_.
3. Please identify the DHS service program(s) for which you are filing this complaint. ☐ TEA ☐ Food Stamps  
☐ Medicaid ☐ Other \_\_\_\_\_
4. Were you treated in a courteous manner? ☐ Yes ☐ No
5. If no, were you talked to or treated rudely? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
6. In your opinion, were you discriminated against? ☐ Yes ☐ No
7. If you believe you were discriminated against, on what basis were you discriminated against? ☐ Age ☐ Race  
☐ Sex ☐ Disability ☐ National Origin ☐ Religion ☐ Political Beliefs ☐ Other \_\_\_\_\_
8. Do you believe that you were served in a timely manner? ☐ Yes ☐ No If no, please explain \_\_\_\_\_  
\_\_\_\_\_
9. Have you provided the county with the requested information but your case has not been processed? ☐ Yes ☐ No
10. Do you have other concerns? \_\_\_\_\_
11. Briefly describe what happened \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Complaint

\_\_\_\_\_  
Date

**FOR COUNTY USE ONLY**

**RESOLUTION** (To be completed by County Office/OER)

1. Result of Investigation ☐ Substantiated ☐ Unsubstantiated
2. Description of Corrective Action Taken \_\_\_\_\_  
\_\_\_\_\_

**The completed form should be mailed to:**

Office of Employee Relations  
Donaghey Plaza North, Ste 205  
P. O. Box 1437, Slot N250  
Little Rock, AR 72203  
(501) 682-6003

**Arkansas Department of Human Services  
Division of County Operations  
Complaint Form – Instructions**

**Purpose**

This form was designed to standardize the complaint reporting process within the Division and to provide a tracking system to ensure that corrective action has been taken. A customer does not have to complete this form to register a complaint. Complaints may originate either in the central office or the county office. Both Civil Rights complaints (question 4 and 7 alleging discrimination or rude treatment) and Non-Civil Rights (questions 8 – 10) complaints are to be recorded utilizing this form.

**Guidelines for Completion**

Complete the necessary identifying information: name, SSN, date of birth, mailing address, city, state, zip code and phone number.

1. List the county office of which you are filing a complaint.
2. Enter the date of the incident.
3. Check the box for each DHS program you applied for or received benefits but have a complaint against.
4. Check yes or no if you feel the worker was discourteous.
5. If no to # 4, please check yes or no if you were talked to or treated rudely. If yes, please explain.
6. Check yes or no if you feel you were discriminated against.
7. Check each box that shows why you believe you were discriminated against.
8. Check yes or no. If no, please explain
9. Check yes or no.
10. If you have other concerns, list here.
11. Write and describe in a few words what happened that caused you to file a complaint.

Sign and date the form

**FOR COUNTY USE ONLY:**

This section is to be completed by an employee of the county office or the Office of Employee Relations.

1. Check the result of the investigation.
2. Describe the corrective action taken to correct the situation. Use an additional sheet of paper, if necessary.

**ROUTING**

Non-Civil Rights – Original & 1 copy – Route to county office (if complaint is filed in office other than county office)  
Copy 2 – Originating office (if different than county office)  
Copy 3 – Submit to Area Director by county office upon resolution

Civil Rights – Original – Submit to the OER, DPN, Ste 205, Slot N250, L.R., AR 72203  
Copy – County Office  
Copy – Area Director  
\*If disability is checked, submit copy to ADA Coordinator

**ALTERNATE FORMATS SUCH AS LARGE PRINT, OR ASSISTANCE IN COMPLETING THIS FORM, OR FILING A COMPLAINT WILL BE PROVIDED UPON REQUEST.**

DCO-110 (01/02)

**The Department of Human Services is in compliance with Title VI and VII of the Civil Rights Act.**